



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Inpatient Acute, Inpatient Psychiatric, and Inpatient Rehabilitation Service Providers, and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

DATE: 10/23/2006

SUBJECT: Updates and Clarification of the Inpatient Prior Authorization Process for Inpatient Acute Care Services

The purpose of this memorandum is to provide periodic updates and clarification for the prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This memorandum is one in a series of updates that will assist providers in obtaining PA-related information that will expedite the review process. We understand that some providers still are experiencing delays, however, we are seeing progress in the correct submission of Prior Authorizations by providers and in the number of PAs being processed by KePRO. We appreciate the provider input and suggestions given to us which have helped facilitate a greater understanding of providers' needs. We ask for your patience and understanding during this transition as we continue to improve upon the current process.

Timely Filing Requirements

DMAS has extended the relaxed requirement of timely submission for PA requests through December 31, 2006. This applies for request dates beginning June 19, 2006 (at the time of the KePRO implementation for waivers). **Starting January 1, 2007, timely submission for requests will again be applied and determinations will be made based on timeliness.**

Submitting Additional Information on an Open Case

Providers may submit additional information through iEXCHANGE by choosing "add to comments." (NOTE: The "extend case" feature is to be used when requesting additional days of coverage).

- Whenever a provider adds to comments, this puts the case back in the nurse review queue.

- If providers fax or phone in their PA request, you may receive a notice from KePRO for requesting additional information. Providers should submit additional information by following the instructions received from KePRO on the “fax-back” notice.
- If you receive a fax back form for error correction, please make the correction and **fax** back the form to the fax number at the top of the form. It is preferred to fax back the information requested for quicker processing.

Procedure Codes

The maximum number of procedure codes or services that can be submitted per PA is 18 (this is not a change).

- Any PA request having over 18 lines must be submitted via a separate PA request.
- For PA requests having more than 6 lines and submitted through iExchange, lines 6-18 must be listed in the “*additional comments*” section.

Submission Tips for Inpatient Psychiatric Requests

For the quickest turnaround time, please keep in mind the following tips.

- All supporting documentation relevant to the patient’s need for inpatient psychiatric admission must be dated, specific, and clearly demonstrate the immediate need for a protected, therapeutic environment and intensive psychiatric care.
- Please include precipitating specific behaviors that place the patient and/or others at risk along with the date these behaviors occurred.
- Please include the recipient’s available support system.
- Provide the TDO hearing date and results.
- It is important to note the date PRN medications are administered, the reason for these PRN medications, and the patient’s response to them.
- Mental Status exams need to be included with all admission and continued stay reviews.
- Comprehensive clinical information that corresponds to the number of requested days must be provided.
- KePRO reviews only for inpatient psychiatric hospitalization, as opposed to solely inpatient substance abuse treatment.
- KePRO is unable to alter any information submitted on PA requests. Providers are responsible for providing accurate and correct information on their PA requests.
- KePRO will reject requests that are submitted with old forms and unauthorized attachments.

Submission Tips for Acute (Med/Surg) Inpatient Requests

- For retro reviews for retroactive Medicaid eligibility determined within 6 months of care being provided, submit the request as you do for current admissions. Please do not send the entire medical record. It will only slow processing of your request.
- When submitting a request for inpatient services, be sure you are checking the appropriate PA Service Type in iEXCHANGE or on the DMAS 362 (Inpatient Prior Authorization Request form).
- Only the date of admission is required on the request; there is no need to extend the request for additional days.
- Complete clinical information for IS (intensity of service) and SI (severity of illness) as thoroughly and completely as possible. KePRO is using McKesson's InterQual® for performing inpatient reviews.
- If you submit demographic information first, please remember that clinical information must follow within 24 hours.
- Please do not scan the admission note from the physician for the IS or SI. This information must be submitted in a brief, concise statement.
- If you are calling from the provider's office to schedule an admission for surgery, please remember to include the facility information with your request.
- It is not necessary to submit a procedure code with an acute med/surg inpatient admission request for surgery. (Example: KePRO is receiving cases with a procedure code for central line insertions on line 2 with the admission request). These types of procedures are included in the admission and will cause an error code and delay your PA number.

Resource Information

- Use the DMAS 362 for submission of your inpatient request. This form and instructions for use are located under "forms" on KePRO's website <http://dmas.kepro.org> or at www.dmas.virginia.gov/pr-prior_authorization.htm.
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov. Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 or if you are located in Richmond or out-of-state call 804-786-6273.

KePRO Contact Information

You may contact KePRO through the following methods:

iEXCHANGE: <http://dmas.kepro.org/>

Toll Free Phone: 1-888-VAPAUTH (1-888-827-2884)

Local Phone: (804) 622-8900

Fax: 1-877-OKBYFAX (1-877-652-9329)

Mail: 2810 N. Parham Road, Suite 305,
Richmond, VA 23294

Provider Issues: ProviderIssues@kepro.org

DMAS and KePRO Website Resources

The following resources are available on the DMAS and KePRO websites:

1. iExchange Registration information
2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes
3. Recent PA provider training presentations
4. Prior Medicaid Memos
5. PA Fax Request Forms and Instructions
6. PA Reference Guides

Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.